

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041213

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2924

FILED OCT 26 1962

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kirkwood, Missouri

Length of stay in 1b

7 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Joseph's Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

#12 Lincord Drive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Agnes

Middle

Schadek

Last

Wolfarth

4. DATE OF DEATH

Month

October

Day

7,

Year

1962

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-7-1903

## 9. AGE (last birthday)

59

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

own home

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Edward W. Schadek

## 13b. MOTHER'S MAIDEN NAME

Agnes Novak

## 14. NAME OF HUSBAND OR WIFE

Leonard G. Wolfarth

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Address

Mr. Leonard G. Wolfarth #12 Lincord

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Bronchopneumonia

## DUE TO (b)

Asthma, purulent

## DUE TO (c)

Metastatic carcinoma of ovaries

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Peritonitis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/29/62 to 10/7/62 and last saw her alive on 10/6/62

Death occurred at 1:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Michael McVall M.D.

## 22b. ADDRESS

206 W. Argonne Kirkwood

## 22c. DATE SIGNED

10/8/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

10-11-62

## 23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

## 25. DATE RECD. BY LOCAL REG.

10-9-62

## 26. REGISTRAR'S SIGNATURE

John E. Murphy M.D.

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

206 W. Eugene  
Tulsa - 1315

Dr. Michael McAlley  
950-Francis-Place-  
PA-5-4436-

*1 block west of the railroad station  
on the corner of the railroad station*

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Burr C. Branson*

Licensed Embalmer No. 4764

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

10:30  
4:00